Washington State Health Care Authority

Endocrine and Metabolic Agents: Vasopressin Receptor Antagonists – Oral

Medical policy no. 30.45.40-1 Effective Date: TBD

Related medical policies:

Policy Name
N/A

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least TWO preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Medical necessity

Drug	Medical Necessity
tolvaptan (generic) tolvaptan (Jynarque) tolvaptan (Samsca)	**Vasopressin Receptor Antagonists** may be considered medically necessary in patients who meet the criteria described in the clinical policy below. • Non-Preferred brand name products on the Apple Health Drug List with an A-rated generic, biosimilar or interchangeable biosimilar must also meet criteria in Non-Clinical Policy No 0001 (NC-001). If all criteria are not met, the clinical reviewer may determine there is a medically necessary need and approve on a case-by-case basis. The clinical reviewer may choose to use the reauthorization criteria when a patient has been previously established on therapy and is new to Apple Health.

Clinical policy:

Clinical Criteria	
Autosomal dominant polycystic kidney disease (ADPKD) tolvaptan (generic) tolvaptan (Jynarque)	Tolvaptan may be approved when all of the following documented criteria are met: 1. Prescribed by, or in consultation with, a nephrologist; **AND** 2. Diagnosis of autosomal dominant polycystic kidney disease including:

	a. eGFR is ≥ 25ml/min per 1.73m^2 prior to starting tolvaptan; **AND** b. Provider attests member is at risk of rapid disease progression (e.g. MAYO class 1C, 1D, or 1E) If ALL criteria are met, the request will be authorized for **6 months.** **Criteria (Reauthorization)** Tolvaptan may be approved when all the following documented criteria are met: 1. Documentation is submitted demonstrating decline in disease progression or a positive clinical response [e.g., decreased rate of GFR decline, slowed increase in total kidney volume]. If ALL criteria are met, the request will be authorized for **12 months.**
Hyponatremia, Hypervolemic or euvolemic tolvaptan (generic) tolvaptan (Samsca)	Tolvaptan may be approved when all the following documented criteria are met: 1. Patient is 18 years of age or older; **AND** 2. The medication was initiated in a hospital setting; **AND** 3. Diagnosis of hypervolemic or euvolemic hyponatremia (serum sodium <125mEq/L); **AND** 4. Provider attests that the patient does not have cirrhosis of the liver; **AND** 5. Total length of treatment will not exceed 30 days If ALL criteria are met, the request will be authorized for **1 month** **Criteria (Reauthorization)** Tolvaptan may be approved when all the following documented criteria are met: 1. The initial authorization criteria are met (1 through 5); **AND** 2. The episode of hyponatremia is a separate occurrence, distinct from any previous episode of hyponatremia. If ALL criteria are met, the request will be authorized for **1 month**

Dosage and quantity limits

Drug	Indication	Approved Dose	Dosage Form and Quantity Limit
Tolvaptan (Jynarque, generic)	ADKPD	**Initial dose:** 45 mg in morning and 15 mg 8 hours later **Titration dose:** 60 mg in morning and 30 mg 8 hours later **Target dose:** 90 mg in morning and 30 mg 8 hours later	• 15 mg tab: 1 tablet per day • 30 mg tab: 1 tablet per day • Dose packs: 56 tablets (1 carton) per 28 days
Tolvaptan (Samsca, generic)	Hyponatremia	15 to 60 mg once daily	• 15 mg tab: 1 tablet per day • 30 mg tab: 2 tablets per day

Coding:

HCPCS Code	Description
N/A	N/A

Background:

Autosomal dominant polycystic kidney disease (ADPKD)

ADPKD is an irreversible inherited disease that causes decline in kidney function and leads to kidney replacement in the majority of cases. Risk of progression varies and can be estimated using the Mayo classification system, which stratifies patients into classes (1A through 1E) based on patient characteristics (i.e. age, height, and total kidney volume). Classes 1C, 1D, and 1E are considered high-risk of progression to end-stage kidney disease. The Kidney Disease Improving Global Outcomes (KDIGO) 2025 Clinical Practice Guideline for the treatment of ADPKD recommends tolvaptan to delay the progression of kidney disease in patients at high-risk of progression. No other pharmacological treatments are recommended by the guideline to delay disease progression.

In its initial phase 3, double-blind, randomized controlled trial, tolvaptan (Jynarque) was evaluated against placebo in 1445 patients who had a creatinine clearance of 60ml/min or more. Annual rate of total kidney volume increased 2.8% in the tolvaptan group compared to 5.5% in the placebo group ($p<0.001$). Similarly, time to clinical progression (defined as worsening kidney function, kidney pain, hypertension, or albuminuria) favored the tolvaptan group. A subsequent clinical trial studied individuals with an eGFR from 25 to 65 ml/min/1.73m^2 and demonstrated that tolvaptan slowed the rate of eGFR decline compared to placebo (-2.34 ml/min/1.73m^2 vs -3.61 ml/min/1.73m^2, $P<0.001$).

Due to the high risk for severe liver damage, Jynarque is strictly controlled by a Risk Evaluation and Mitigation Strategy (REMs) which requires comprehensive laboratory monitoring and enrollment by prescribers and pharmacies.

Hyponatremia, Hypervolemic or euvolemic

Moderate to severe hyponatremia, a potentially life-threatening condition defined as a serum sodium level of less than 130mEq/L, results from an imbalance of water relative to sodium. Common causes include polydipsia, syndrome of inappropriate antidiuretic hormone secretion (SIADH), heart failure, cirrhosis, and advanced kidney

failure. Standard of care involves inpatient management, including infusion of 3% saline solution with or without diuretics depending on underlying cause. Sodium levels are carefully monitored to prevent a correction that is too rapid. Tolvaptan may be used in addition to, or instead of 3% saline. Tolvaptan is not indicated to correct sodium levels in hypovolemic hyponatremia, commonly caused by dehydration, and is contraindicated in the setting of liver failure.

References

1. Jynarque [Prescribing Information]. Rockville, MD: Otsuka America Pharmaceutical, Inc., October 2020
2. Samsca [Prescribing Information]. Rockville, MD: Otsuka America Pharmaceutical, Inc., April 2021.
3. Kidney Disease: Improving Global Outcomes (KDIGO) ADPKD Work Group. Kdigo 2025 clinical practice guideline for the evaluation, management, and treatment of autosomal dominant polycystic kidney disease(Adpkd). *Kidney Int*. 2025;107(2S):S1-S239.
4. Torres VE, Chapman AB, Devuyst O, et al. Tolvaptan in patients with autosomal dominant polycystic kidney disease. *N Engl J Med*. 2012;367(25):2407-2418.
5. Torres VE, Chapman AB, Devuyst O, et al. Tolvaptan in later-stage autosomal dominant polycystic kidney disease. *N Engl J Med*. 2017;377(20):1930-1942.

History

Approved Date	Effective Date	Version	Action and Summary of Changes
MM/DD/YYY	MM/DD/YYYY	XX.XX.XX-X	Pending Approval (draft/unpublished version) -New policy created

Washington State Health Care Authority

Vasopressin Receptor Antagonists – Oral

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in seven (7) working days.**

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength	Directions for use	Qty/Days supply	

1. Is this request for a continuation of existing therapy? ☐ Yes ☐ No

2. Indicate patient's diagnosis and answer the associated questions:
   ☐ Autosomal dominant polycystic kidney disease (questions 3 – 6)
   ☐ Hyponatremia, Hypervolemic or euvolemic (questions 7 – 11)
   ☐ Other. Specify: _____

For diagnosis of Autosomal dominant polycystic kidney disease (ADPKD):

3. Is this prescribed by, or in consultation with, a nephrologist? ☐ Yes ☐ No

4. Is patient's eGFR $\geq$ 25ml/min per 1.73m^2 prior to starting tolvaptan? ☐ Yes ☐ No

5. Is patient at risk of rapid disease progression (e.g. MAYO class 1C, 1D, or 1E)?
   ☐ Yes ☐ No

6. **For continuation of therapy:** Has documentation been submitted demonstrating a decline in disease progression or a positive clinical response [e.g., decreased rate of GFR decline, slowed increase in total kidney volume]?
   ☐ Yes ☐ No

For diagnosis of Hyponatremia, Hypervolemic or euvolemic

7. Was the requested medication initiated in a hospital setting? ☐ Yes ☐ No

8. Is patient's serum sodium <125mEq/L? ☐ Yes ☐ No

9. Does patient have cirrhosis of the liver? ☐ Yes ☐ No

10. Will total length of treatment exceed 30 days? ☐ Yes ☐ No

11. Is patient's episode of hyponatremia a separate occurrence, distinct from any previous episode? ☐ Yes ☐ No

CHART NOTES ARE REQUIRED WITH THIS REQUEST		
Prescriber signature	Prescriber specialty	Date